

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

02

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		532260.11
(b) Cash on Hand at Beginning of Reporting Period	532260.11	
(c) Total Receipts (from Line 19)	157344.30	157344.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	689604.41	689604.41
7. Total Disbursements (from Line 31)	43547.36	43547.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	646057.05	646057.05
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	133816.33	133816.33
(ii) Unitemized	21022.84	21022.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	154839.17	154839.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	154839.17	154839.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.13	5.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	157344.30	157344.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	157344.30	157344.30

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	43000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	547.36	547.36	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43547.36	43547.36	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43547.36	43547.36	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	154839.17	154839.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	154839.17	154839.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Donald Paquet

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists
Ltd

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018487

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Elliot Shoemaker

Mailing Address 4375 Farmington Cir

City State Zip Code
Allentown PA 18104-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Medical Cen-
ter

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018488

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carolyn Meltzer

Mailing Address Emory University Hospital
1364 Clifton Rd Rm D112

City State Zip Code
Atlanta GA 30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018489

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Tanya Rath

Mailing Address 11227 Frankstown Rd

City

Penn Hills

State

PA

Zip Code

15235-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburg
Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018490

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. W Jordan Taylor

Mailing Address 1231 E 21st PI

City

Tulsa

State

OK

Zip Code

74114-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018493

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher McIntire

Mailing Address Radiology Associates of Columbus
PO Box 2787

City

Columbus

State

GA

Zip Code

31902-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Columbus, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018495

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Metzman

Mailing Address 926 Overton Lea Road

City

Nashville

State

TN

Zip Code

37220-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ng, TN

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	0

Transaction ID: 33018497

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Hassell

Mailing Address Radiology Associates of Mobile
6576 Airport Blvd Bldg C Ste 2

City

Mobile

State

AL

Zip Code

36608-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	0

Transaction ID: 33018500

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hector Ramirez, JR

Mailing Address 7179 SE 94th Ln

City

Ocala

State

FL

Zip Code

34472-9245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville,
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	0

Transaction ID: 33018508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Phillip Moeser

Mailing Address 9101 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
John C. Lincoln Health Ne-
twork

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018583

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Duszak, JR

Mailing Address 3056 Wetherby Dr

City

Germantown

State

TN

Zip Code

38139-8080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid South Imaging and The-
rapeutics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018586

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Hauk

Mailing Address 700 Lord Rd

City

Fairview

State

PA

Zip Code

16415-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamot Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018587

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Sparks

Mailing Address 131C W Galloway Rd

City

Jonesborough

State

TN

Zip Code

37659-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018588

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth McFarland

Mailing Address 1833 Winter Run

City

Chesterfield

State

MO

Zip Code

63017-5674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center of Diagnostic Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33018589

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City

Woodinville

State

WA

Zip Code

98072-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037209

Amount of Each Receipt this Period

224.00

SUBTOTAL of Receipts This Page (optional)

1474.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037210

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st PI SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037211

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ben Harmon

Mailing Address Radia Medical Imaging
728 134th St SW Ste 120

City

Everett

State

WA

Zip Code

98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037212

Amount of Each Receipt this Period

318.15

SUBTOTAL of Receipts This Page (optional)

878.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City

Clinton

State

WA

Zip Code

98236-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037214

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Marlow

Mailing Address 7821 115th PI NE

City

Kirkland

State

WA

Zip Code

98033-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037215

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037216

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City

Kirkland

State

WA

Zip Code

98033-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037218

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mohammed Quraishi

Mailing Address 721 N 82nd St

City

Seattle

State

WA

Zip Code

98103-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037219

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joshua Abramowitz

Mailing Address 72 Saint Stephens School Rd

City

Austin

State

TX

Zip Code

78746-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037220

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Agatston

Mailing Address 2201 Far Gallant Dr

City

Austin

State

TX

Zip Code

78746-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037221

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Aronoff

Mailing Address 9609 Tobrina Ln

City

Austin

State

TX

Zip Code

78759-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037222

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Auler

Mailing Address 1612 Watchhill Rd

City

Austin

State

TX

Zip Code

78703-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037223

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sarah Avery

Mailing Address 120 Birnam Wood Ct

City

Austin

State

TX

Zip Code

78746-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037224

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Banks

Mailing Address 10909 Range View Dr

City

Austin

State

TX

Zip Code

78730-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037225

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lori Barr

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037226

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Hillel Ben-Avi

Mailing Address 4501 Spanish Oak Trl

City

Austin

State

TX

Zip Code

78731-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037227

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marouane Bouchareb

Mailing Address 10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037228

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradley Brenner

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037229

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lauren Brown

Mailing Address Austin Radiological Associates
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037230

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chris Butschek

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037231

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frank Chia

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Suite 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037232

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Connor

Mailing Address 2909 Cherry Ln

City

Austin

State

TX

Zip Code

78703-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037233

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence K. Conrad

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037234

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Newell Dutton

Mailing Address 3400 Stratford Hills Lane

City

Austin

State

TX

Zip Code

78746-4687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037235

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Nabeel Farhataziz

Mailing Address 9908 Cinnabar Trl

City

Austin

State

TX

Zip Code

78726-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037236

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Feldman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037237

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fletcher

Mailing Address 2206 E Windsor Rd

City

Austin

State

TX

Zip Code

78703-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037238

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patricia Gallagher

Mailing Address 5005 Strass Dr

City

Austin

State

TX

Zip Code

78731-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037251

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Goldblatt

Mailing Address PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037252

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Gray

Mailing Address 3007 Stratford Dr

City

Austin

State

TX

Zip Code

78746-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037253

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Gunlock

Mailing Address 2604 Shire Ridge Dr

City

Austin

State

TX

Zip Code

78732-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037254

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry Hill

Mailing Address Austin Radiological Assoc
PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037255

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Hoelscher

Mailing Address 4601 Elohi Dr

City

Austin

State

TX

Zip Code

78746-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037257

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Hogg

Mailing Address 1404 Wild Cat Holw

City

Austin

State

TX

Zip Code

78746-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037258

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jody Hooten

Mailing Address 2716 Regents Park

City

Austin

State

TX

Zip Code

78746-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037259

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Connie Hsu

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037260

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Shaheen Hussaini

Mailing Address 1702 Pease Rd

City

Austin

State

TX

Zip Code

78703-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037261

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kent Ibanez

Mailing Address 10900 Stoneland Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037273

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Jaimes

Mailing Address 2321 Sheridan St

City

Houston

State

TX

Zip Code

77030-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037274

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ravi Jhaveri

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City	State	Zip Code
Austin	TX	78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037275

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles E. Johnson

Mailing Address 13337 Brightsky Overlook

City	State	Zip Code
Austin	TX	78732-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037276

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Karnaze

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City	State	Zip Code
Austin	TX	78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037277

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Kish

Mailing Address 3608 Travis Country Circle

City

Austin

State

TX

Zip Code

78735-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037282

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brandon Langlinais

Mailing Address 707 North Tumbleweed Trail

City

Austin

State

TX

Zip Code

78733-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037283

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Lava

Mailing Address 4701 Ridge Oak Dr

City

Austin

State

TX

Zip Code

78731-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037284

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Leahy

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 100

City State Zip Code
Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037285

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Leake

Mailing Address 6114 Mountainclimb Dr

City State Zip Code
Austin TX 78731-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037286

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marcus Lines

Mailing Address 7 Ehrlich Road

City State Zip Code
Austin TX 78746-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037289

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gael Joan Loneragan

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037290

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Manning

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 100

City State Zip Code
Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037291

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Martin

Mailing Address 4201 Green Cliffs Rd

City State Zip Code
Austin TX 78746-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037292

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Masaryk

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037293

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Curtis McClurg

Mailing Address 2607 Stratford Dr

City State Zip Code
Austin TX 78746-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037535

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark McLelland

Mailing Address PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037536

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ian McLoughlin

Mailing Address 3120 Wild Canyon Loop

City

Austin

State

TX

Zip Code

78732-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037537

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. M Mercado-Deane

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Suite 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037538

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gunar G. Mezaraups

Mailing Address Austin Radiological Assoc
PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037539

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrea Michel

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037540

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Milman

Mailing Address 6409 Williams Ridge Way

City State Zip Code
Austin TX 78731-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037541

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Moorehead

Mailing Address 8206 Sandalwood Cove

City State Zip Code
Austin TX 78757-7522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037542

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Naples

Mailing Address Austin Radiological Association
PO Box 4700

City State Zip Code
Austin TX 78765-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037543

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Nichols

Mailing Address 4507 River Wood Court

City State Zip Code
Austin TX 78731-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037544

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Debra Pennington

Mailing Address 2721 Bartons Bluff Ln

City State Zip Code
Austin TX 78746-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037545

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. F Pfeifer, II

Mailing Address 8029 Muley Dr

City

Austin

State

TX

Zip Code

78759-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037546

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Poag

Mailing Address 15401 Bat Hawk Cir

City

Austin

State

TX

Zip Code

78738-6865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037547

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wilbert Polson

Mailing Address 2403 Camino Alto

City

Austin

State

TX

Zip Code

78746-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: 33037548

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 70

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Russell Putnam

Mailing Address 12243 Trautwein Rd

City

Austin

State

TX

Zip Code

78737-9365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037549

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Yvonne Queralt

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 100

City

Austin

State

TX

Zip Code

78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037550

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Reifsnyder

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 100

City

Austin

State

TX

Zip Code

78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037551

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 70

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Richards

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037552

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dan Richardson

Mailing Address 8616 Mendocino Dr

City State Zip Code
Austin TX 78735-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037553

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Rodriguez

Mailing Address 1036 Liberty Park Dr Apt 53

City State Zip Code
Austin TX 78746-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037554

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Rutledge

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037555

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Amy Salinas

Mailing Address 3310 Bridle Path

City State Zip Code
Austin TX 78703-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037556

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rodney Schmidt

Mailing Address 1938 Holly Hill Dr Apt 13

City State Zip Code
Austin TX 78746-7653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037557

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rajeev Shah

Mailing Address 1907 Lakeshore Dr

City

Austin

State

TX

Zip Code

78746-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037558

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sandeep Shah

Mailing Address 7804 Texas Plume Rd

City

Austin

State

TX

Zip Code

78759-6030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037559

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Shaw

Mailing Address 10900 Stonelake Blvd Suite 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037560

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 37 / 70

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Sheneman

Mailing Address 10703 Winchelsea Dr

City

Austin

State

TX

Zip Code

78750-4039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037561

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Swanson

Mailing Address 1104 Blanco St

City

Austin

State

TX

Zip Code

78703-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037562

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gabrielle Theriault

Mailing Address 402 Vale St

City

Rollingwood

State

TX

Zip Code

78746-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037563

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eugene Tong

Mailing Address 11405 Cedarcliff Dr

City

Austin

State

TX

Zip Code

78750-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037564

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Trevino

Mailing Address 6712D Valburn Dr

City

Austin

State

TX

Zip Code

78731-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037565

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Simon Trubek

Mailing Address 4705 Maple St

City

Bellaire

State

TX

Zip Code

77401-5726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037566

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Binh Truong

Mailing Address Austin Radiological Associates
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037567

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Williams

Mailing Address 2902 Clearview Dr

City State Zip Code
Austin TX 78703-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037568

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. J. Andrew Williamson

Mailing Address P.O. Box 4700

City State Zip Code
Austin TX 78765-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037569

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James P. Willis

Mailing Address 4942 Yarwell Dr.

City

Houston

State

TX

Zip Code

77096-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037597

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Winsett

Mailing Address 3405 Northwood Cir

City

Austin

State

TX

Zip Code

78703-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037598

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Wiseman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037599

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Victor Gaines

Mailing Address DRA Imaging PC FI 1
1 Columbia St

City State Zip Code
Poughkeepsie NY 12601-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037659

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jack Hentel

Mailing Address 122 Ridgeview Rd

City State Zip Code
Poughkeepsie NY 12603-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037660

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Russell Karp

Mailing Address 23 Croft Rd

City State Zip Code
Poughkeepsie NY 12603-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037661

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Friedland

Mailing Address 57 Kingwood Dr

City

Poughkeepsie

State

NY

Zip Code

12601-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037662

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. W Zev Goldstein

Mailing Address Vassar Brothers Hospital
31 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037663

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Philip Amatulle

Mailing Address 14 Angela Ct

City

Hopewell Jct

State

NY

Zip Code

12533-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037664

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Donald Lien

Mailing Address 11 Moon Stone Ln

City

Lagrangeville

State

NY

Zip Code

12540-6243

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Transaction ID: 33037665

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bryan Yen

Mailing Address Vassar Brothers Hosp
45 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Transaction ID: 33037666

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Antonio

Mailing Address 60 Michaels Ln

City

Poughkeepsie

State

NY

Zip Code

12603-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Transaction ID: 33037667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Seckler

Mailing Address Hudson Valley Radiologists
1 Columbia St FL 1

City State Zip Code
Poughkeepsie NY 12601-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037668

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Emil Shih

Mailing Address 14 Hilee Rd

City State Zip Code
Rhinebeck NY 12572-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037669

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shashidhar Reddy

Mailing Address 152 Brandon Terrace

City State Zip Code
Albany NY 12203-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Bromley

Mailing Address 21 Stonewall Farm Rd

City

Mahopac

State

NY

Zip Code

10541-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037671

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce Gendron

Mailing Address 27 Timberline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037672

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Jay Crystal

Mailing Address 110 Canaan Rd

City

New Paltz

State

NY

Zip Code

12561-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037673

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Federman

Mailing Address 7 Saint Johns Pkwy

City

Poughkeepsie

State

NY

Zip Code

12601-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037675

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Krakowski

Mailing Address 40 S Brett St

City

Beacon

State

NY

Zip Code

12508-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037676

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jon Lewis

Mailing Address 20 Chelsea Ridge Dr Apt C

City

Wappingers Falls

State

NY

Zip Code

12590-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Shane Kudela

Mailing Address 1061 Shady Creek Ct

City

Bogart

State

GA

Zip Code

30622-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	0

Transaction ID: 33037686

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald Hulnick

Mailing Address 72 Golf Ln

City

Ridgefield

State

CT

Zip Code

06877-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Radiological Asso-
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

Transaction ID: 33048310

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Becker

Mailing Address 6081 Woodway Dr

City

Memphis

State

TN

Zip Code

38120-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid South Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

Transaction ID: 33048327

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Drew Lambert

Mailing Address 3311 S Massachusetts St

City

Seattle

State

WA

Zip Code

98144-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Cooperative

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33048330

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Polly Hansen

Mailing Address 220 Robledo Verde St

City

San Antonio

State

TX

Zip Code

78232-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&S Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33048331

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eleanor Smergel

Mailing Address 315 Evans Ave

City

Haddonfield

State

NJ

Zip Code

08033-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Health Corp.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33048332

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Justine Dautenhahn

Mailing Address 149 Lake Aluma Drive

City

Oklahoma City

State

OK

Zip Code

73121-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norman Radiology Services,
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33048333

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. J Randall Jester

Mailing Address 5227 Lee Ave

City

Downers Grove

State

IL

Zip Code

60515-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33048360

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kambiz Shamlou

Mailing Address 1507 Oak Forest Dr

City

Ormond Beach

State

FL

Zip Code

32174-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33153036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33153038

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Darrin Johnson

Mailing Address 1701 Drake Ave

City

Huntsville

State

AL

Zip Code

35802-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33153099

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City

Salem

State

OR

Zip Code

97302-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Radiology Consultan-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33153101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33154669

Amount of Each Receipt this Period

208.34

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33155145

Amount of Each Receipt this Period

208.34

C.

Full Name (Last, First, Middle Initial)

Dr. Craig Glick

Mailing Address 906 N Cornwall Ave

City

Ventnor

State

NJ

Zip Code

08406-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33156225

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1416.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Newcomb

Mailing Address 1425 Princeton Ct

City

Allentown

State

PA

Zip Code

18104-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Imaging of Lehigh
Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33156226

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Derek Jakes

Mailing Address 4755 Health Hill Rd

City

Columbia

State

SC

Zip Code

29206-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33156228

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sarah Bochar

Mailing Address 85 N Devereux Ct NW

City

Atlanta

State

GA

Zip Code

30327-4225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33156229

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Julie Timins

Mailing Address 20 Footes Ln

City

Morristown

State

NJ

Zip Code

07960-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195301

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carl Schultz

Mailing Address 1424 N Laurel Ave

City

Upland

State

CA

Zip Code

91786-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Antonio Radiological
Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195302

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. W Caldwell Sims

Mailing Address 1680 N San Antonio Ave

City

Upland

State

CA

Zip Code

91784-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Radiology Med-
ical Group, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195303

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. T Sistrunk

Mailing Address Georgia West Imaging
605 Dixie St

City State Zip Code
Carrollton GA 30117-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GA West Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195304

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward Farmlett

Mailing Address 33 Round Bay Rd

City State Zip Code
Laconia NH 03246-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195310

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dean Tyrell

Mailing Address 6215 Elliott Ct

City State Zip Code
Coopersburg PA 18036-9743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physician Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195314

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Weis

Mailing Address 11720 High Dr

City

Leawood

State

KS

Zip Code

66211-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195316

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Accurso

Mailing Address 2801 7th Ave SW

City

Austin

State

MN

Zip Code

55912-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195317

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Aloyzas Pakalniskis

Mailing Address 1619 Kaimi Court

City

Naperville

State

IL

Zip Code

60563-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195318

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Raymond Lee

Mailing Address 7308 Wentworth Dr

City

Springfield

State

IL

Zip Code

62711-7085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195346

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Layne Clemenz

Mailing Address 725 River Rd

City

Columbia

State

SC

Zip Code

29212-8809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195347

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Malley

Mailing Address 14105 NW 74th St

City

Kansas City

State

MO

Zip Code

64152-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging for Women LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195348

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Cody Cox

Mailing Address 4702 111th St

City

Lubbock

State

TX

Zip Code

79424-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lubbock Diagnostic Radiol-
ogy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195355

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Burstein

Mailing Address 4506 Oakwood Avenue

City

Downers Grove

State

IL

Zip Code

60515-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dupage Radiologists S.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195357

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian Moffit

Mailing Address PO Box 2022

City

Rancho Santa Fe

State

CA

Zip Code

92067-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195358

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Miller

Mailing Address Major Hospital

150 W Washington St

City

Shelbyville

State

IN

Zip Code

46176-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Physicians of Shelb-
ville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 33195368

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Duke

Mailing Address 9300 Ingleside Farm N

City

Germantown

State

TN

Zip Code

38139-6713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 33195485

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Perme

Mailing Address 800 Apple Hill Rd

City

Cincinnati

State

OH

Zip Code

45230-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Radiology Associ-
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 33195486

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gerald Smidebush

Mailing Address 6570 Lakeview Cir

City

Canal Winchester

State

OH

Zip Code

43110-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195488

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Warfel

Mailing Address 2213 NE 160th Ave

City

Vancouver

State

WA

Zip Code

98684-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
the Northwest

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195549

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr. R Terrell Frey

Mailing Address 8700 Deep Run Ln

City

Cincinnati

State

OH

Zip Code

45243-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical X-Ray, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195550

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Rowley

Mailing Address St Peter's Hospital
315 S Manning Blvd

City Albany State NY Zip Code 12208-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Physicians

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195551

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Loesberg

Mailing Address 8 Friar Tuck Ct

City Warren State NJ Zip Code 07059-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdow Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195552

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Junker

Mailing Address 16 Fox Meadows

City Saint Louis State MO Zip Code 63127-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195553

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Erik Kilgore

Mailing Address Vancouver Radiologists PC
505 NE 87th Ave Ste LL50

City State Zip Code
Vancouver WA 98664-4899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vancouver Radiologists PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195568

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Binder

Mailing Address 401 Lakeshore Dr

City State Zip Code
Fayetteville NC 28305-5210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Regional Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195569

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Peterson

Mailing Address 15401 Sweetwater Ct

City State Zip Code
Fort Myers FL 33912-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Regional Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195570

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Miles

Mailing Address 3554 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195571

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michelle Kraut

Mailing Address 24 E Glenbrooke Cir

City

Richmond

State

VA

Zip Code

23229-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michelle Kraut, M.D., PLLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195572

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Sevigny

Mailing Address 1325 Oak Forest Dr

City

Ormond Beach

State

FL

Zip Code

32174-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33195573

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Gianini

Mailing Address 485 Chelsea Place Ave

City

Ormond Beach

State

FL

Zip Code

32174-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: 33204709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Tate, III

Mailing Address 1090 SW 15th St

City

Boca Raton

State

FL

Zip Code

33486-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologists of N. Ft. La-
uderdale, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: 33349256

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Hassell

Mailing Address Radiology Associates of Mobile
6576 Airport Blvd Bldg C Ste 2

City

Mobile

State

AL

Zip Code

36608-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: 33349258

Amount of Each Receipt this Period

182.50

SUBTOTAL of Receipts This Page (optional)

682.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: 33349259

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: 33349260

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

133816.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 70

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kay Granger Campaign Fund

Mailing Address 715 Jones Street, Suite 101

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C C00310532

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: 33036565

Amount of Each Receipt this Period

2500.00

Refund of check #3672 because contribution was doubled.

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Trager For Congress

Mailing Address PO Box 10033

City
Green BayState
WIZip Code
54307

Purpose of Disbursement

011

Category/
TypeCandidate Name
Mr. Marc TragerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 32828803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
DentonState
TXZip Code
76202

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Michael C. Burgess, M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 32987391

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Lonestarpac

Mailing Address PO Box 1000 Highway 259 South

City
Lone StarState
TXZip Code
75668

Purpose of Disbursement

011

Category/
TypeCandidate Name
LonestarpacOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32987392

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
BellevueState
WAZip Code
98015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David George Reichert

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: WA

District: 08

Transaction ID: 33012418

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address P.O. Box 521048
Suite ACity
Salt Lake CityState
UTZip Code
84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James D. Matheson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: UT

District: 02

Transaction ID: 33012419

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Richard Burr Committee; The

Mailing Address Post Office Box 5928

City
Winston-SalemState
NCZip Code
27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard M. Burr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: 33023809

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott Brown For Us Senate Committee

Mailing Address PO Box 395

City Wrentham State MA Zip Code 02093

Purpose of Disbursement

Candidate Name
Mr. Scott BrownOffice Sought: ☐ House
☒ Senate
☐ President

State: MA

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special-General2010

Transaction ID: 33036404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
National Republican Congressional CommitteeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33148439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
National Republican Congressional CommitteeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33148540

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name National Republican Congressional Committee</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:	City Washington	State DC	Zip Code 20003	Candidate Name National Republican Congressional Committee	<div>011 Category/ Type</div>	Transaction ID: 33148622 Date of Disbursement <div>01 / 19 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>5000.00</div>
City Washington	State DC	Zip Code 20003					
Candidate Name National Republican Congressional Committee	<div>011 Category/ Type</div>						
B.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress <hr/> Mailing Address P.O. Box 490286 <hr/> <table> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60649</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Rep. Jesse L. Jackson, Jr.</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: IL District: 02	City Chicago	State IL	Zip Code 60649	Candidate Name Rep. Jesse L. Jackson, Jr.	<div>011 Category/ Type</div>	Transaction ID: 33352037 Date of Disbursement <div>01 / 28 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>3000.00</div>
City Chicago	State IL	Zip Code 60649					
Candidate Name Rep. Jesse L. Jackson, Jr.	<div>011 Category/ Type</div>						
C.	Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow <hr/> Mailing Address PO BOX 26641 <hr/> <table> <tr> <td>City LOS ANGELES</td> <td>State CA</td> <td>Zip Code 90026</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Leadership of Today & Tomorrow</td> <td><div>011 Category/ Type</div></td> </tr> </table> Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:	City LOS ANGELES	State CA	Zip Code 90026	Candidate Name Leadership of Today & Tomorrow	<div>011 Category/ Type</div>	Transaction ID: 33359157 Date of Disbursement <div>01 / 29 / 2010</div> <hr/> Amount of Each Disbursement this Period <div>5000.00</div>
City LOS ANGELES	State CA	Zip Code 90026					
Candidate Name Leadership of Today & Tomorrow	<div>011 Category/ Type</div>						
SUBTOTAL of Disbursements This Page (optional) ►		<div>13000.00</div>					
TOTAL This Period (last page this line number only) ►		<div>43000.00</div>					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 33565107

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Amount of Each Disbursement this Period

547.36

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

547.36

TOTAL This Period (last page this line number only)

547.36